



STATE OF MARYLAND

DHMH

Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Spring Grove Center • Bland Bryant Building
55 Wade Avenue • Catonsville, Maryland 21228-4663

Martin O'Malley, Governor – Anthony G. Brown, Lt. Governor – John M. Colmers, Secretary

TRANSMITTAL

To: Nursing Home Administrators

From: Nancy Grimm, RN, JD ^{NBG}
Director, Office of Health Care Quality

Date: December 6, 2010

Re: Emergency Preparedness Plan Update

This transmittal serves as a reminder to review your Emergency and Disaster Plans as they pertain to your facilities. It is expected that all providers review and update their plans, including procedures for:

- Evacuation, transportation or shelter in place;
- Notifying families of actions that may be taken to keep residents safe, including a summary of emergency provisions and possible evacuation procedures;
- Continuity of operations (72 hour supply rule);
- Locating and identifying residents during displacement, including sending a brief medical fact sheet with each resident; and
- Establishing an emergency planning liaison and providing that contact information to the local emergency management.

These plans must include immediate notification to the Office of Health Care Quality (OHCQ) of any situations that could impact the health, safety, and/or well being of your residents or the operation of your facility. Types of issues could include, but are not limited to, the failure of cooling or heating systems, power outages, water outages, and/or problems associated with generators. Should you have general questions about emergencies or emergency planning in your region, you should contact your local emergency management agency. Should your facility experience a problem, you must contact Michael Cook, OHCQ's Environmental Safety Officer, at (443) 938-3748, as well as your emergency management agency. Failure to notify these agencies promptly may result in sanctions and/or disciplinary actions from the Department.

Please refer to attached FAQ's for your consideration.

Toll Free 1-877-4MD-DHMH • TTY for Disabled – Maryland Relay Service 1-800-735-2258

Web Site: www.dhmh.state.md.us



FAQ's:

1. *How will the surveyors evaluate whether 72 hours of supplies are present?*
Experts say that because individuals' needs vary, there is no precise formula or calculation. OHCQ surveyors will anticipate the facility being able to demonstrate that it has conducted an assessment of its needs per patient per day and accumulated those resources.
2. *What proof is required of an agreement with a transportation source or alternate shelter?* OHCQ expects facilities to use due diligence and all reasonable efforts to procure transportation and alternate shelter agreements in the event that a facility must evacuate. However, we understand that it may be difficult to procure actual contracts to cover all contingencies. While a written contract would be optimal proof to "document an agreement," proof could be in the form of a note in the file verifying communications with transport companies or alternate sources of shelter. The note should clearly state whether the facility was able to reach any agreements for transportation or shelter and the extent of those agreements and any contingencies attached to the agreement. Again, OHCQ expects reasonable efforts and due diligence by the facility in procuring contracts. If a facility is unable to procure a contract, a note should be in the record of the facility's attempts to procure contracts. In addition, facilities should register with FRED, which is Maryland's Facility and Resource Database. In the event of an emergency, FRED will alert registered facilities on available beds throughout the system.
- 3) *What is meant by a "brief medical fact sheet?"* In the event of an emergency, it will be important for facilities receiving patients to quickly access basic information such as contact persons, medications, and allergies. During a disaster, a receiving facility (which may not even be a health care facility) will not have the time to look through a resident's chart to locate this information. It may not be possible to access information via the internet or telephone. Therefore, we will require a brief summary of the listed information on a sheet of paper, updated and readily available in the event of an emergency. If the facility has a face sheet for its chart containing the information listed in the regulation, then a copy of that face sheet (stored with other face sheets for easy transport) should suffice.
- 4) *How should we provide contact information to the Local Emergency Management Organization, as required by the new regulations?* We have confirmed that MIEMSS and MEMA will share information from FRED with the local emergency management agencies. Therefore, a facility which has registered with FRED will have met this requirement. An application to enroll is attached. Once registered, you will receive a user's guide from MIEMSS.

5) *What resources are available to nursing homes on the subject of emergency planning?*

OHCQ's web site contains a template for emergency plans as one option that will satisfy minimum requirements for complying with these regulations. Located at: <http://dhmh.maryland.gov/ohcq/download/nhforms/nhemergency.pdf>)

There are also resources available to facilities from national associations on developing emergency and disaster plans. Resources include:

- American Association of Homes and Services for the Aging, www.aahsa.org. Resources can be found under "Quality First", "Resources", "Governance and Accountability".
- American Health Care Association, www.ahcancal.org. Resources can be found under "Facility Operations".

Facilities may also want to check with state associations, such as LifeSpan Network, www.lifespan-network.org; and the Health Facilities Association of Maryland, www.hfam.org, for any seminars on emergency and disaster planning being offered.

Enclosures: Application, FRED

NH-11-04

**Facility Resource Emergency Database
(FRED)
Application for Participation.**

Organization Name _____
Chief Executive Officer _____
Address _____
City _____ State _____ Zipcode _____
E-Mail _____
Office Phone _____ Facsimilie _____ Pager _____

I designate the following person to manage the use of FRED within our organization.

Manager Name _____
Address _____
City _____ State _____ Zipcode _____
E-Mail _____
Office Phone _____ Facsimilie _____ Pager _____

Our organization may be classified as a (an) (Check All that apply)

- | | |
|--|--|
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Federal Law Enforcement |
| <input type="checkbox"/> 911 EMS Agency/Fire Department | <input type="checkbox"/> State Health Department |
| <input type="checkbox"/> Commercial Ambulance Company | <input type="checkbox"/> State EMS Agency |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> State Emergency Management |
| <input type="checkbox"/> Local Emergency Management Agency | <input type="checkbox"/> Local Public Safety Answering Point |
| <input type="checkbox"/> Local Law Enforcement | <input type="checkbox"/> 911 Dispatch Center |
| <input type="checkbox"/> Nursing Home/LTC Facility | <input type="checkbox"/> Other _____ |

Signed _____ Date _____

Printed: _____

Mail to: Region III Office
 Maryland Institute for Emergency Medical Services Systems
 653 West Pratt Street
 Baltimore, Maryland 21201

OR

Fax to: 410-706-8530